



6751 Columbia Gateway Drive, Box 220
Columbia, MD 21046
410-313-6420

APPLICATION FOR CHARITABLE / NON-PROFIT SOLICITOR IDENTIFICATION CARD

Name of Organization _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail _____

Contact Person _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail _____

Description of soliciting activity: _____

In what area(s) of Howard County will your solicitations occur? _____

Number of Individuals Soliciting (number of ID Cards requested) _____ Date(s) _____

Please attach: a copy of any official Tax Exemption Statement and a copy of your Maryland Secretary of State's Registration form.

I certify that the information I have provided is true and correct to the best of my knowledge.

Signature

Title

Date

**If you need this document in an alternate format, please call 410-313-6420 (voice/relay)
or e-mail consumer@howardcountymd.gov**